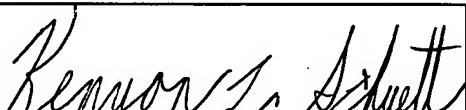
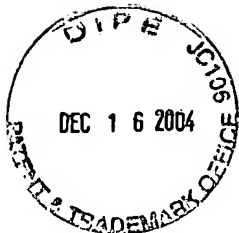
 <h2 style="text-align: center;">TRANSMITTAL FORM</h2> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>	<i>Complete if Known</i>	
	Application Number	10/750,643
	Filing Date	December 31, 2003
	First Named Inventor	William H. EBY
	Examiner Name	D. Kruse
	Group Art Unit	1638
Total Number of Pages in This Submission <u>10</u>	Attorney Docket Number	1421-140
<b>ENCLOSURES (check all that apply)</b>		

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final                              | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  | 1) Certificate of Express Mail Label No. EV195486092US                                     |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   | 2) ATCC receipt  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   | REMARKS:  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

SUBMITTED BY		Complete (if applicable)			
NAME & REG. NUMBER	Kenyon L. Schuett, Reg No. 44,324				
SIGNATURE		DATE	December 16, 2004	DEPOSIT ACCOUNT USER ID	



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**Date:** December 13, 2004

**To:** Kenyon L. Schuett  
**Fax Number:** 303-799-6898

**From:** ATCC Patent Depository **Number of pages:** 1 (Including this page)

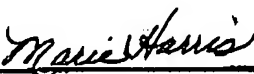
**REFERENCE:** Patent Deposit (Ref: Docket or Case No: 1421-115, 1421-106, 1421-096, 1421-140, 1421-145)

**Description:** Soybean Glycine max (L.): 0487686 assigned PTA-6362  
Soybean Glycine max (L.): 0491737 assigned PTA-6363  
Soybean Glycine max (L.): S022211 assigned PTA-6364  
Soybean Glycine max (L.): S030154 assigned PTA-6365  
Soybean Glycine max (L.): S030160 assigned PTA-6366

**Date of Deposit:** November 30, 2004

The ATCC Certificate of Deposit will be forwarded to you within 30 days. An invoice will be sent under separate cover as follows:

**Total Fees for PTA-6362 to PTA-6366**      **\$ 12,500.00**  
**(Storage/informing/viability testing)**

  
\_\_\_\_\_  
**Marie Harris, Patent Specialist**  
**ATCC Patent Depository**

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